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| CURRENT CORRESPONDENCE ADDRESS (Note: the Block 1 for any charge of address) CURRENT CORRESPONDENCE ADDRESS (Note: the Block 1 for any charge of address) O133 7590 12/14/2006 PATENT LEGAL STAFF EASTMAN KODAK COMPANY 343 STATE STREET ROCHESTER, NY 14650-2201 7/4/2007 REBERGH 00000005 1076/7987 FC: 1501 1400, 00 0P FC: 1504 300, 00 0P APPLICATION 0. FILING DATE FRESH FROM STATE OR CONFIRMATION NO. 10/76/7987 01/29/2004 Christopher J. Edge 90058 QAAV 5342 TITLE OF INVENTION: COLOR CORRECTION USING A DEVICE-DEPENDENT DISPLAY PROFILE APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 03/14/2007 EXAMINER ART UNIT CLASS-SUBCLASS LUU. MATTHEW 3663 345-604000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). 2. Fee printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agent 30 Kg, alternatively. 2. Fee printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agent 30 Kg, alternatively. 2. Fee printing on the patent front page. list (1) the names of up to 3 registered patent attorneys or age | | MAR 13 2007 | | or <u>Fax</u> | Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885 | r Patents inia 22313-1450 | :(| |
| pages. Each additional pages, such as assignment of formal trawing, in have its own certificate of malling or transmission. PATEINT LEGAL STAFF EASTMAN KODAK COMPANY 343 STATE STREET RCCHESTER, NY 14650-2201 714/2007 REERGH1 0000005 10767987 FC:1501 FC:1504 1400, 00 GP FC:1505 APPLICATION NO. FILID ADDITION OF THE COLOR CORRECTION USING A DEVICE-DEPENDENT DISPLAY PROFILE FC:1501 APPLICATION STATE STREET FREST NAMED INVENTION: COLOR CORRECTION USING A DEVICE-DEPENDENT DISPLAY PROFILE APPLIN TYPE MALL ENTITY ISSUE PEE DUE PUBLICATION FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLIN TYPE MALL ENTITY ISSUE PEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLIN TYPE AND STATE STREET APPLIN TYPE MALL ENTITY ISSUE PEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLIN TYPE AND STATE STREET APPLIN TYPE MALL ENTITY ISSUE PEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLIN TYPE AND STATE STREET SHUMMAR STREET APPLIN TYPE APPLIN TYPE APPLIN TYPE MALL ENTITY ISSUE PEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLIN TYPE APPLIN TYPE APPLIN TYPE MALL ENTITY APPLIN TYPE APPLIN | INSTRUCTIONS: This appropriate. All further c indicated unless corrected maintenance fee notificati | one should be used for to one spendence instituting the below of different otherwons. | ransmitting the ISSU ne Patent, advance of ise in Block 1, by (a | | | | , | |
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| APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/767,987 01/29/2004 Christopher J. Edge 90058 OAN 5342 TITLE OF INVENTION: COLOR CORRECTION USING A DEVICE-DEPENDENT DISPLAY PROFILE APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$50 \$1700 03/14/2007 EXAMINER ART UNIT CLASS-SUBCLASS LUU, MATTHEW 3663 345-604000 1. Change of correspondence address or indication of "Fee Address" indication for "Fee Address for Pro/SB/12) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME/OF-ASSIGNEE CALLAGE CALL | /14/2007 RMEBRAH1 000 | 00005 10767987 | | | NANCY Nany | A. RANDAI | (Depositor's name) (Signature) | |
| TITLE OF INVENTION: COLOR CORRECTION USING A DEVICE-DEPENDENT DISPLAY PROFILE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 03/14/2007 EXAMINER ART UNIT CLASS-SUBCLASS LUU, MATTHEW 3663 345-604000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Address from PTO/SB/122) attached. The Address indication for "Fee Address" Indication form PTO/SB/122) attached. ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set for thin 37 CFR 3.1. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE CLAST CLAST CLAST (B) RESIDENCE: (CITY and STATE OR COUNTRY) 2(S LASTANCE OR NAME AND RESIDENCE DATA TO BE PRINTED ON The PATENT (print or type) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the propriate assignment. 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy) of this form overpayment, to Deposit Account Number (enclose an extra copy) of this form overpayment, to Deposit Account Number (enclose an extra copy) of this form overpayment, to Deposit Account Number (enclose an extra copy) of this form overpayment, to Deposit Account Number (enclose an extra copy) of this form overpayment, to Deposit Account Number (enclose an extra copy) of this form overpayment, to Deposit Account Number (enclose an ex | FC:1501 FC:1504 | | | | Maris | 18,2007 | . (Date | |
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| 4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form | PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG | ss an assignee is identified in 37 CFR 3.11. Completi NEE 301 AF COLLAR | I below, no assignee on of this form is NO | data will appear on the T a substitute for filing (B) RESIDENCE: (C | e patent. If an assign an assignment. ITY and STATE OR C | | _ | |
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